

Forging Partnerships with Your Community Mental Health Providers

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The Odd Couple: Law Enforcement and Mental Health



Oil and Water or a Natural Fit?



The History of Policing and Social Work

- o In the late 1800s a body of literature on policing began to develop with significant improvements in the area of testing and training. Formal training was initiated and professional organizations appeared including the International Association of Chiefs of Police (IACP). August Vollmer rallied police executives around the idea of reform and emerged as the leading national spokesman for police professionalism. He advocated that police should do more than arrest individuals; they should actively seek to prevent crime by “saving” potential or actual offenders. He held that “the old methods of dealing with crime must be changed and newer ones adopted.”

The History of Policing and Social Work

- o He maintained that police should work closely with existing social welfare agencies and take an advocates role by informing voters about overcrowded schools, supporting the expansion of antidelinquency agencies and playing an active part in the political life of the community. His addresses to the IACP, “The Policeman as a Social Worker,” in 1918 and “Predelinquency” in 1921 advanced these ideas. His work, prophetic for today’s community problem oriented policing, was drowned in the thrust toward police professionalism that changed policing to law enforcement with the sole goal of controlling crime.

- o *Social Work and Police Partnership: A Summons To The Village Strategies and Effective Practices*
Conducted by THE DEPARTMENT OF CRIMINAL JUSTICE, THE UNIVERSITY OF NORTH CAROLINA AT CHARLOTTE, THE CAROLINAS INSTITUTE FOR COMMUNITY POLICING, CHARLOTTE MECKLENBURG POLICE DEPARTMENT, THE URBAN INSTITUTE. THE UNIVERSITY OF NORTH CAROLINA AT CHARLOTTE

What are our beliefs about one another?

Police

- o In a hurry --need to clear the call and - move on
- o Strict, letter of the law
- o "I don't do EDPs"
- o Not suicidal, not homicidal. Can't paper the client.
- o Tactically focused

Mental Health

- o "do-gooders"
- o Earthy-crunchy
- o Take too long talking to people
- o Touchy-feely
- o Very sensitive
- o Too casual
- o People focused

What are our beliefs about one another?

- o What are some other stereotypes or beliefs that we share about one another?

What is MCRT?

o MCRT is:

Mobile Crisis Response Team

MCRT is a program of Community Health Resources. **CHR** is a non-profit, community-based behavioral health agency providing services in Central and Eastern Connecticut. We provide clinical and community based services to children, adults and families with mental health and substance use issues

What Does MCRT Do?

o Target Population

- Age 18+ and **not** in high school
- Has a diagnosis of severe persistent mental illness including: Schizophrenia, Schizoaffective Disorder, Bipolar Disorder, Major Depression Psychosis, and/or Substance Abuse Disorders

OR

What Does MCRT Do?

o Target Population, cont.

- Has a psychiatric disorder of sufficient severity to cause a current role **disturbance** in these areas:
 - occupation: includes employment, school or homemaker role); maintaining social relationships
 - self care/hygiene
 - appearance
 - maintaining daily living skills: paying bills, rent, obtaining food, keeping reasonably sanitary living situation
 - impulse control: does not lash out, hit or threaten with anger, uses reasonable judgment about sexuality and safety
 - exhibiting high risk behaviors: rape, assault with homicidal intent, arrests, threats to kill others, arson, at risk of harm to self or others

What Does MCRT Do?

o Integrated Services

- **Telephone Triage:** evaluation of immediate need for crisis/emergency services
- **Crisis Intervention:** and/or assistance in de-escalating the situation. This may include follow-up visits after a Mobile Crisis Risk Evaluation
- **Mobile Crisis Risk Evaluation:** assess the degree of danger to self, others, or the presence of grave disability. A determination is made for the appropriate level of care (remain home, respite, PHP or the hospital)
- **Short-term Crisis Management:** services are provided until other supports/services are in place, or until the crisis is resolved

What Does MCRT Do?

o Integrated Services

- **Liaison:** between individual, families, health care providers and emergency services
- **Coordination:** of appropriate community based services for ongoing treatment and follow-up
- **Pre-Admission Screening for State Hospital Admission:** a screening assessment is performed on the inpatient unit and recommendations are made. If appropriate, MCRT facilitates the referral to CVH or another designated state facility
- **Community Education and Training:** provide lectures and trainings to local police and EMS, mental health clinicians, medical facilities, schools/colleges and community mental health screenings.

What towns does CHR/MCRT cover?

CAC-15 (Manchester)

- o Andover
- o Bolton
- o Ellington
- o Hebron
- o Manchester
- o South Windsor
- o Tolland
- o Vernon

CAC-17 (Enfield)

- o Bloomfield
- o East Granby
- o East Windsor
- o Enfield
- o Granby
- o Somers
- o Stafford
- o Stafford Springs
- o Suffield
- o Windsor
- o Windsor Locks

Maximizing the Mental Health Partnership

- o Now that you have had the opportunity to meet your local mental health providers *utilize the contacts that you have made here!*
- o No embedded CIT clinician in your department?
 - o Not a problem—your local crisis team can be utilized and consulted as a team member.

Maximizing the Mental Health Partnership

- o The following are suggestions on how to utilize your local mental health crisis resources:
- o **Monthly CIT Meetings**
 - o Review PEER forms for EDP/mental health cases: we look for recurring addresses and names from month to month. In reviewing cases, we determine if adult or child crisis could have been called to the scene. We review cases that in the future, officers may want to provide the person with the number for crisis services.

Maximizing the Mental Health Partnership

o Monthly CIT Meetings

- o Look for recurrent themes in the recurring cases; the team will try to identify interventions in an effort to reduce the number of calls to 911 and for police intervention:
 - o The case of an autistic youth who frequently runs away from home is discussed to identify interventions to ensure his safety as he wants to run on Rt 91 to NYC
 - o The case of an elderly male who was sent to the ED on a PEER as he believed he could hear the voice of his friend through the electrical socket and floor—he dug through the wall and floor of his home causing it to be condemned. MCRT called the ED to provide additional information and to ensure the client is referred to services with CHR, the local LMHA, once he is discharged

Maximizing the Mental Health Partnership

o Monthly CIT Meetings

- o The increased frequency of phone calls from a group home provider as the residents are making threats to harm themselves or others. This is a case where the Crisis team can intervene and request a meeting to discuss the use of MCRT rather than calling 911. The end result is hopefully less calls to the police and crisis assessments away from the hospital ED and in the home.

Maximizing the Mental Health Partnership

o Monthly CIT Meetings

- o Review joint EDP calls and how the collaboration worked. Were there any issues? Any issues with communication? Were the teams in sync? What worked? Didn't work?
- o Provide updates regarding new programs or state initiatives that may impact the team members.

Maximizing the Mental Health Partnership

- o **You've Cleared the Call, But Something Isn't Right.....Make a Referral for Services**
 - o Windsor Police may clear a call but have concerns that the person could benefit from mental health assistance:
 - o An elder who calls police repeatedly as she believes someone is entering their home and stealing undergarments and moving belongings. She is not paperable, but often calls the police as she is in distress. MCRT went to the home on several occasions and asked Elderly Protective Services to increase services and oversight.

Maximizing the Mental Health Partnership

- o **You've Cleared the Call, But Something Isn't Right.....Make a Referral for Services**
- o Windsor Police may clear a call but have concerns that the person could benefit from mental health assistance:
 - o A middle aged woman who believes that someone is digging into her foundation and has set up cameras outside her home
 - o The case of a psychotic young adult whose parents contacted the police as he left the home at 6am and walked 6 miles to Hartford. The police were not certain if he met the criteria for a PEER and requested MCRT come to the home to evaluate and to provide support services and education about mental health to the family.

Maximizing the Mental Health Partnership

- o You Are On Scene and Things Are Not Making Sense....
 - o If have a question about writing a PEER, or if something you are seeing meets the criteria for Grave Disability, call MCRT. You can consult on what you are seeing.

Grave Disability: inability to care for oneself safely or make appropriate judgments for oneself with regard to food, shelter and other basics by virtue of a mental illness.

Maximizing the Mental Health Partnership

- o **You Are On Scene and Things Are Not Making Sense....**
 - o A case in Manchester where a woman in her early-60's is repeatedly calling police to make complaints about her neighbors. Due to her intrusive behaviors with neighbors, the woman is now facing eviction. MCRT was contacted and is working with CHR/CSP to save her housing and ensure medication compliance. MCRT spoke with her prescriber who adjusted the woman's medications.

Maximizing the Police Partnership

- o **This is a two-way process. MCRT will rely on law enforcement in the following ways:**
 - o **Safety escorts:** for those known to have a history of violence or a history of weapons/suspected weapons during periods of psychiatric decompensation
 - o **Writing a PEER:** not all MCRT clinicians are certified by the Department of Mental Health and Addiction Services (DMHAS) to write a “paper” due to their license. We may ask you to write the paper.

Maximizing the Police Partnership

- o **This is a two-way process. MCRT will rely on law enforcement in the following ways:**
 - o **Writing a PEER:** the laws do not allow an LCSW to write a “paper” in a mental health clinic.
 - o **Well-being checks:** after-hours or if MCRT is seeing other clients and we get a call that is considered “high risk”, we may ask you to perform a wellness check to ensure the safety of the client.

Maximizing the Mental Health Partnership

o Success and Challenges in the Field

- o Have there been successes or challenges that you have encountered while working with your mental health counterparts?

Maximizing the Mental Health Partnership

o Questions or Comments?